

ASS. REC. BY:

REF:

AGZ 22 00 84111KV

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 9299 E

Yr Regn:

05, 19

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toy Prit

C.C.

17PB

Colour

M.P. White 1Kw

A/C:

Insured / Std / NI / NA

Sp. Reading

429059

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3KH803079981

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Wanli

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

29/8/22

D.O.I.

30/8/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

O/S R & L

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation

\$ + RS. \$

Fin. Tax

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

Not Authored
11/8/22

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD9299E

AAD2208-

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

30 AUG 2022

SHD9299E

JTDCB3FU803079981

200303878K

TOYOTA

PRIUS

29/08/2022

SKS311Y/AUTO & GEN

17/05/2019

	PART
1	COVER, FRONT BUMPER
1	FRONT BUMPER SIDE RETAINER RH
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER
1	ABSORBER, FRONT BUMPER ENERGY
1	LAMP ASSY, FOG, RH
1	UNIT ASSY, HEADLAMP, RH
1	COVER, FRONT BUMPER HOLE, RH
1	JAR ASSY, WINDSHIELD WASHER
1	GRILLE SUB-ASSY, RADIATOR
1	EMBLEM ASSY, RADIATOR GRILLE
1	GRILLE, RADIATOR, LOWER NO.1
1	FENDER SUB-ASSY, FRONT RH
1	LINER, FRONT FENDER, RH
1	FRONT FENDER EMBLEM RH
1	RIM
1	KNUCKLE, STEERING, RH
1	ARM SUB-ASSY, FRONT SUSPENSION, LOWER NO.1 RH
1	ABSORBER ASSY, SHOCK, FRONT RH

	LIST
\$	CM 516.00 ✓
\$	CM 80.10 ✓
\$	R 716.60 X
\$	Inc 79.60 X
\$	MCM 951.40 ✓
\$	MCM 2,637.60 ✓
\$	Inc 29.30 X
\$	MCM 219.10 ✓
\$	Inc 346.00 X
\$	Inc 90.80 ✓
\$	Inc 170.10 X
\$	Inc 977.80 ✓
\$	CM 206.70 ✓
\$	Inc 54.60 ✓
\$	Inc 1,900.10 ✓
\$	663.40 ?
\$	760.10 ?
\$	438.30 ?

TOTAL	\$	8,975.80
25%	\$	2,243.95
	\$	6,731.85

Special Nett

1	FRT BUMPER CLIP
1	TYRE
1	FRT NUMBER PLATE WITH HOLDER
1	FRT BUMPER SIDE RETAINER CLIP

\$	Inc 65.00 ✓
\$	Inc 300.00 90% inc
\$	Inc 120.00 X
\$	Inc 65.00 X

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SHD9299E

1 FENDER LINER CLIP

	\$	75.00	601
TOTAL	\$	625.00	

TOTAL PARTS	\$	7,356.85	
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LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	301
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Putty And Spray Painting Of The Affected Portion.	\$	1,800.00	8001
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To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	X
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To Check Electrical Lighting Concerned.	\$	170.00	201
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Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,000.00	5001
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To check steering geometry and computer wheel alignment	\$	220.00	601
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To transfer of rear fender panel fittings, attachment and perform water seepage test.	\$	170.00	X
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TOTAL	\$	4,990.00	
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Over All Total	\$	12,346.85	
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(PART-BY-PART) Repair Days~~20~~ Days

4 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	29/08/2022 16:25 (SGT)
Reported by	Driver
Date of Accident	29/08/2022 08:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SOMERSET ROAD INFRONT OF 313 @ SOMERSET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9299E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX878K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	TOH ALBERT
NRIC No	SXXXX270B
Date Of Birth	09/11/1968
Occupation	Outdoor

Describe Circumstances of the Accident

I WAS TRAVELLING STRAIGHT ALONG THE MENTIONED LOCATION. SUDDENLY THIRD PARTY CAME OUT FROM 313 @ SOMERSET TAXI STAND. FAILING TO STOP AT THE STOP LINE AND COLLIDED WITH MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED AND IM FEELING UNWELL WILL CONSULT DOCTOR LATER.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

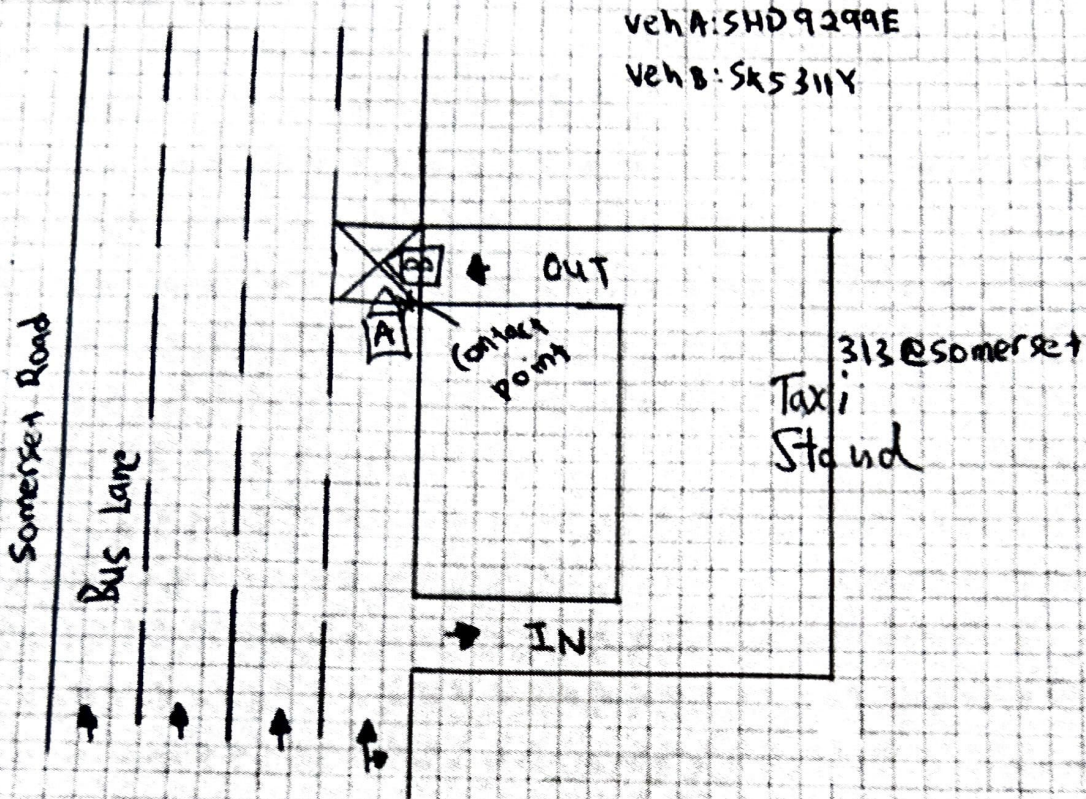
Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

Ver. Jun2022



Reporter's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed By Reporting Officer
Ang Qi Hao, Victor
Witnessed by Reporting Centre
Personnel